



ALARM USER PERMIT APPLICATION

BUILDING & SAFETY DIVISION

City Hall / 555 Liberty St. SE / Room 320

Salem, Oregon 97301-3503

(503) 588-6256 • Fax (503) 588-6115

Permit Fee: \$25.00

APPLICANT INFORMATION

Protected Address: _____

Name of Alarm User: _____

(If business, name on building)

Mailing Address: _____

Home Phone #: _____ Work (Business) Phone #: _____

ALARM INFORMATION

Type of Alarm: Police Only Fire Only Combination (Universal)

Is the system: Audible only Silent only (monitored) Both audible & silent

System installed by: _____ System monitored by: _____

EMERGENCY CONTACTS (CAN BE CONTACTED TO RESET THE ALARM AND SECURE PREMISES)

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

I, the undersigned, certify that the information provided above is valid. I will accept responsibility and/or expenses for false alarms communicated to the Police Department. I will notify the Salem Permit Application Center within ten days following any change in the above information.

Signature: _____ Date: _____